

<p><small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<p><i>Complete if Known</i></p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/572,718
		Filing Date	9/30/2004
		First Named Inventor	Yoshiyasu Fujiwara
		Examiner Name	Manko Cheung
		Art Unit	2863
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 335.00		Attorney Docket	0388 - 060453

  

**METHOD OF PAYMENT** (check all that apply)

☐ Check   
 ☒ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: 23-0650   
 Deposit Account Name: The Webb Law Firm

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below                     
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                     
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

  

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	330	82	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
	Each claim over 20 (including Reissues)	52
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims    - 20 or HP    =    Extra Claims    x    Fee (\$)    =    Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims  
Fee (\$)    Fee Paid (\$)

Indep. Claims    - 3 or HP    =    Extra Claims    x    Fee (\$)    =    Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	_____

**4. OTHER FEE(S)**

Non-English Specification,	\$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge):	Notice of Appeal (\$270); One-month Extension (\$65)	335

  

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	50,261
Name (Print/Type)	Alexander Detschelt	Telephone	412-471-8815
		Date	May 3, 2010